

THE CITY OF FREDERICK	:	
A Municipal Corporation of the	:	
State of Maryland, et al.,	:	IN THE
	:	
Plaintiffs	:	CIRCUIT COURT FOR
	:	
vs.	:	FREDERICK COUNTY, MARYLAND
	:	
ALL UNKNOWN EXECUTORS, PERSONAL	:	
REPRESENTATIVES, DEVISEES, HEIRS	:	NO. 33901 EQUITY
AT LAW AND ASSIGNS OF:	:	
JOHN W. GROVE, Deceased,	:	
who died 9 December 1957,	:	
et al.,	:	
Defendants	:	

AFFIDAVIT OF SERVICE

STATE OF MARYLAND, COUNTY OF FREDERICK, SS:

I HEREBY CERTIFY under the penalties of perjury as follows:

1. That I am a resident of the State of Maryland, that I am at least eighteen (18) years of age, and that I am not a party to the referenced matter.

2. That on 14 October 1983, I mailed, Certified Mail, Restricted Delivery, Return Receipt Requested, a copy of the Summons, Petition, Exhibits and Order of Publication in the referenced matter to the Defendant, Mary Alice Logan Durden, at her last known address of: 6748 Indian Drive, Magalia, CA. 95954.

3. That on 24 October 1983, the said Mary Alice Logan Durden received the same, as evidenced by the original return receipt executed by her, which is attached hereto and made a part hereof.

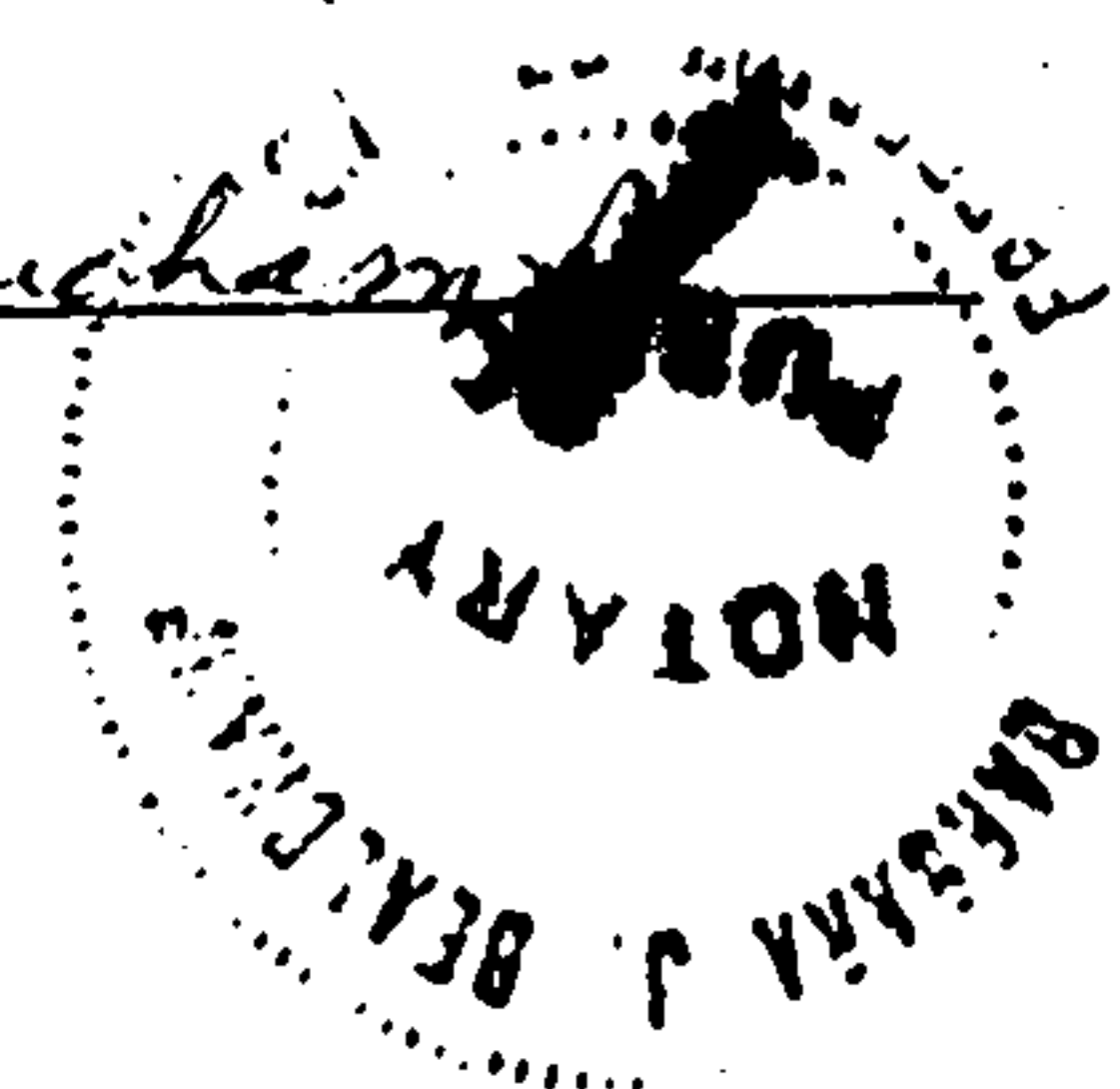
WITNESS my hand and seal.

[Signature]

HARRY T. deMOLL, Affiant
Co-Counsel for Plaintiffs
112 North Court Street
Frederick, MD. 21701
(301)662-1751/428-148

SWORN TO, before me, a Notary Public in and for the said, this 27th day of October 1983.

[Signature]
Notary Public



7/1/86

28, 1983

<p>● SENDER: Complete items 1, 2, 3, and 4. Add your address in the "RETURN" space on reverse.</p>	
<p>(CONSULT POSTMASTER FOR FEES)</p>	
<p>1. The following service is requested (check one).</p> <p><input type="checkbox"/> Show to whom and date delivered \$</p> <p><input type="checkbox"/> Show to whom, date, and address of delivery.. \$</p> <p>2. <input checked="" type="checkbox"/> RESTRICTED DELIVERY \$</p> <p><small>(The restricted delivery fee is charged in addition to the return receipt fee.)</small></p>	
<p>TOTAL \$</p>	
<p>3. ARTICLE ADDRESSED TO:</p> <p>Mary Alice Logan Durden 6748 Indian Drive Magalia, CA. 95954</p>	
<p>4. TYPE OF SERVICE:</p> <p><input type="checkbox"/> REGISTERED <input type="checkbox"/> INSURED</p> <p><input checked="" type="checkbox"/> CERTIFIED <input type="checkbox"/> COD</p> <p><input type="checkbox"/> EXPRESS MAIL</p>	<p>ARTICLE NUMBER</p> <p>P19 4681138</p>
<p>(Always obtain signature of addressee or agent)</p> <p>I have received the article described above.</p> <p>SIGNATURE <input type="checkbox"/> Addressee <input type="checkbox"/> Authorized agent</p> <p><i>[Signature]</i></p>	
<p>5. DATE OF DELIVERY</p> <p>10/19/83</p>	<p>POSTMARK</p>
<p>6. ADDRESSEE'S ADDRESS (Only if requested)</p>	
<p>7. UNABLE TO DELIVER BECAUSE:</p>	<p>7a. EMPLOYEE'S INITIALS</p>

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL